



REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 741946-21	
In re Application of Victor I. SHEYMOV, et al.			
Application Number 09/862,477		Filed May 23, 2001	
For Systems and Method for Communication Protection			
Art Unit 2134		Examiner David Yiuk Jung	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>60.00</u>
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380 (741946-21). I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71/2007 HBIZUNES 00000009 192380 098 2477
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). 01 FC:2251 60.00 DA

☒ attorney or agent of record. Registration No. 51,646

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

February 12, 2007

Date

Jessica M. Egner

Signature

(202) 585-8000

Telephone Number

Jessica M. Egner
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted..

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Signature

Date